

1.) CORPORATION NAME:

AAFP Insurance Services, Inc.

DUE DATE: **3/31/2011**

SCC ID NO: **F1742230**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

NATIONAL REGISTERED AGENTS INC

4001 North Ninth Street, Suite 227

ARLINGTON, VA 22203

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ARLINGTON COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MO

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 11400 TOMAHAWK CREEK PARKWAY, SUITE 430

CITY/ST/ZIP: LEAWOOD, KS 66211-2672

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	J. THOMAS KOCH, RHU	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	14714 NORWOOD		
CITY/ST/ZIP/CO:	LEAWOOD, KS 66224-		
NAME:	RICHARD L. MARSH, CPA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP/TREASURER		
ADDRESS:	16004 WEST 82ND TERRACE		
CITY/ST/ZIP/CO:	LENEXA, KS 66219-		
NAME:	BETTY M. FREEMAN, LUTCF	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	1023 ROMANY ROAD		
CITY/ST/ZIP/CO:	KANSAS CITY, MO 64113-		
NAME:	RONALD E. CHRISTENSEN, M.D.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2411 SCARBOROUGH DRIVE		
CITY/ST/ZIP/CO:	ANCHORAGE, AK 99504-		
NAME:	RICHARD G. ROBERTS MD JD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BELLEVILLE FAMILY MEDICAL CENTER		
	21 S VINE STREET		
CITY/ST/ZIP/CO:	BELLEVILLE, WI 53508-		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFFREY CAIN, M.D. DIRECTOR 341 S. HIGH STREET DENVER, CO 80209-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENIS CHAGNON, M.D. DIRECTOR 383 VLY ROAD SCHENECTADY, NY 12309-1922	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CRAIG DOANE DIRECTOR 11400 TOMAHAWK CREEK PKWY SUITE 430 LEAWOOD, KS 66211-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CONRAD FLICK, M.D. DIRECTOR 103 GREENWAY OVERLOOK CARY, NC 27518-9053	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DOUGLAS HENLEY, M.D. DIRECTOR 11400 TOMAHAWK CREEK PKWY SUITE 430 LEAWOOD, KS 66211-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	EVELYN LEWIS, M.D. DIRECTOR 170 ARBOR SPRINGS PKWY NEWNAN, GA 30265-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MARY JO WELKER, M.D. DIRECTOR OSU-RARDIN FAMILY PRACTICE CENTER 2231 NORTH HIGH ST COLUMBUS, OH 43201-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	S. HUGHES MELTON, M.D. DIRECTOR PO BOX 786 LEBANON, VA 24266-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ RICHARD L. MARSH, CPA SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RICHARD L. MARSH, CPA, VP/TREASURER PRINTED NAME AND CORPORATE TITLE	1/19/2011 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			